Please submit this completed DIA form along with the LH REB application. The form will be sent to the research department for review prior to obtaining final signatures. NOTE: Include all impacted areas, even if you are requesting to use your own pharmacy, nursing, or lab support on-site. Departmental approval is still required for any research conducted at LH.

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| **REB No.**: *(REB Office Use Only)* |  |

|  |  |
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| 1 | **Specify the type of research your study involves.** *(check all that apply)* |
| [ ]  Chart review | [ ]  Qualitative | [ ]  Educational | [ ]  Tissue and biospecimens |
| [ ]  Clinical trials | [ ]  Case study | [ ]  Epidemiological | [ ]  Health services/evaluation research |
| 2 | **State the title of the study.** |
|  |
| 3 | **Provide the name of the LH PI and the department they belong to.** |
|  |
| 4 | **Specify the department(s) where the study is being conducted.** |
|  |
| 5 | **~ No. of LH participants to recruit** | **~ Start Date** *(dd-mmm-yyyy)* | **~ End Date** *(dd-mmm-yyyy)* |
|  |  |  |
| 6 | **Give a brief summary of the study.** |
|  |
| 7 | **Which departments, programs, or support services are being impacted?** [ ]  Not applicable |
| *Department Name* | *Description of Impact* *on Department* | *Name of Department Manager* | *Signature of Department Manager* |
|  |  |  |  |
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| 8 | **If you selected "Not applicable" in question 7, please explain why:** |
|  |

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| --- |
| Signature of acknowledgement and support from the **Program Director** where PI resides. |
| **Program Director Name** | **Signature** | **Date** | **Comments** |
|  |  |  |  |